

# TRANSMITTAL FORM

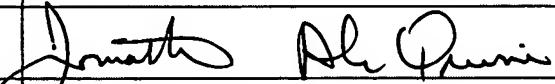
(to be used for all correspondence after initial filing)

|  |  |                      |                        |
|--|--|----------------------|------------------------|
|  |  | Application Number   | 10/536,885             |
|  |  | Filing Date          | May 31, 2005           |
|  |  | First Named Inventor | Ebrahim Firoozabady    |
|  |  | Group Art Unit       | 6613                   |
|  |  | Examiner Name        | Russell Kallis         |
| Total Number of Pages in This Submission |  | 15                   | Attorney Docket Number |
|  |  |                      | 63-000600US            |

## ENCLOSURES (check all that apply)

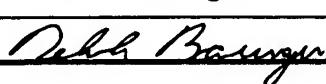
|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form  | <input checked="" type="checkbox"/> PTO-1449 Form                                       | <input checked="" type="checkbox"/> Appendix A                                       |
| <input type="checkbox"/> Fee Attached   | <input checked="" type="checkbox"/> 2 References  | <input checked="" type="checkbox"/> Request for Continued Examination (RCE)          |
| <input checked="" type="checkbox"/> Amendment / Response  | <input type="checkbox"/> Copy of PCT Search Report                                      | <input type="checkbox"/> Request for Corrected Filing receipt                        |
| <input type="checkbox"/> Response Accompanying Request for Continued Examination  | <input type="checkbox"/> Copy of EP Search Report                                       | <input type="checkbox"/> Copy of Filing Receipt – marked up                          |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> CD, Number of CD(s) _____                                      | <input type="checkbox"/> Replacement Application Data Entry Form                     |
| <input checked="" type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard  | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Interview Request Form                           |
| <input checked="" type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Small Entity Statement   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  |   |  |
| <p><b>Authorization to Charge Deposit Account</b><br/>           Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.</p> |   |  |
| <p>Remarks</p>  |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |  |
|-------------------------|---|--|
| Firm or Individual name | Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.   |  |
| Signature               |  |  |
| Date                    | August 13, 2009   |  |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |      |                 |
|-----------------------|---|------|-----------------|
| Typed or printed name | Deborah Barragan  |      |                 |
| Signature             |  | Date | August 13, 2009 |

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1300.00

| Complete if Known    |                     |
|----------------------|---------------------|
| Application Number   | 10/536,885          |
| Filing Date          | May 31, 2005        |
| First Named Inventor | Ebrahim Firoozabady |
| Examiner Name        | Russell Kallis      |
| Art Unit             | 6613                |
| Attorney Docket No.  | 63-000600US         |



## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): **Deposit Account**  
 Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 330         | 165                   | 540         | 270                   | 220              | 110                   |                |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    |                |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    |                |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   |                |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     |                |

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
|              |              |          |               | Fee (\$)                  |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |          |
|---------------|--------------|----------|---------------|----------|
|               |              |          |               | Fee (\$) |

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|              |              | / 50 = (round up to a whole number) x            |          | =             |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

810.00

Other: Request for Continued Examination (RCE)

490.00

Other: Request for Extension of Time for 2 Months.

Other:

Other:

Other:

## SUBMITTED BY

|                   |   |                                      |        |           |                 |
|-------------------|---|--------------------------------------|--------|-----------|-----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 41,261 | Telephone | (510) 337-7871  |
| Name (Print/Type) | Jonathan Alan Quine   |                                      |        | Date      | August 13, 2009 |